

(vedolizumab)

ENTYVIO infusion orders



Patient Name

DOB

Phone

M

F

DIAGNOSIS Please provide ICD-10 code

Ulcerative Colitis

Crohn's Disease

(other)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

(other)

ENTYVIO ORDERS

DOSAGE	PATIENT WEIGHT
300mg IV	lbs.
	kg
FREQUENCY	
Dose at weeks 0, 2, and 6, then every 8 weeks	
Dose every	weeks

NOTES

ORDERING PROVIDER

Signature X _____ Date

Provider

Phone

Fax